Name in Full: Rebecca Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westphalia County: Prince George

Date of death	Month	Day	Years	Months	Days
1904	Feb	1	Age 16	—	—

Sex: Female | Color or Race: Colored | Birthplace: Md.

Occupation: Housework | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Robert Allen	Father's Birthplace	Md
Mother's Maiden Name	Susan Medley	Mother's Birthplace	Md
Name of person giving Imformation	Robert Allen	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Whooping Cough	How long	3 months
Immediate	Tuberculosis	How long	3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sandberg

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88819

3f

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Laurel District — County: Prince Geo

Date of death 190 4 — Day: Feb 17

Age — Years: 1 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Laurel Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name: Chas Armstrong — Father's Birthplace: Virginia

Mother's Maiden Name: Mollie Allen — Mother's Birthplace: Virginia

Name of person giving information: Chas Armstrong — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: not known — How long: Still born

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Bryden

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: William O Berry

CERTIFICATE OF DEATH

MARYLAND

Died at: North Keys — Town: [illegible] — County: P G

Date of death 1904: Month: Jan — Day: 29 — Age: Years: 5 — Months: [illegible] — Days: [illegible]

Sex: Male — Color or Race: White — Birthplace: P G Co

Married, Single or Widowed: Married — Occupation: Farming

Name of Wife or Husband: Mollie Berry

Father's Name: John L. Berry — Father's Birthplace: P G Co

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving In formation: R B. Berry — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease — How long: [illegible]

Immediate: Uraemia — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S T Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full

Certificate of Death

Ronnie Bird

Died at Bird Lawn (Town) P.G. (County), MARYLAND

~~Date 190~~ 1904 Month Feb Day 21 | Age Y. 65 M. D. | Native of Va | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband / Wife of H. B. Bird

Father's Name Williams | Mother's Name Burwood.

Cause of Death: Primary Chronic appendicitis 4 mo

Immediate Exhaustion

How long sick

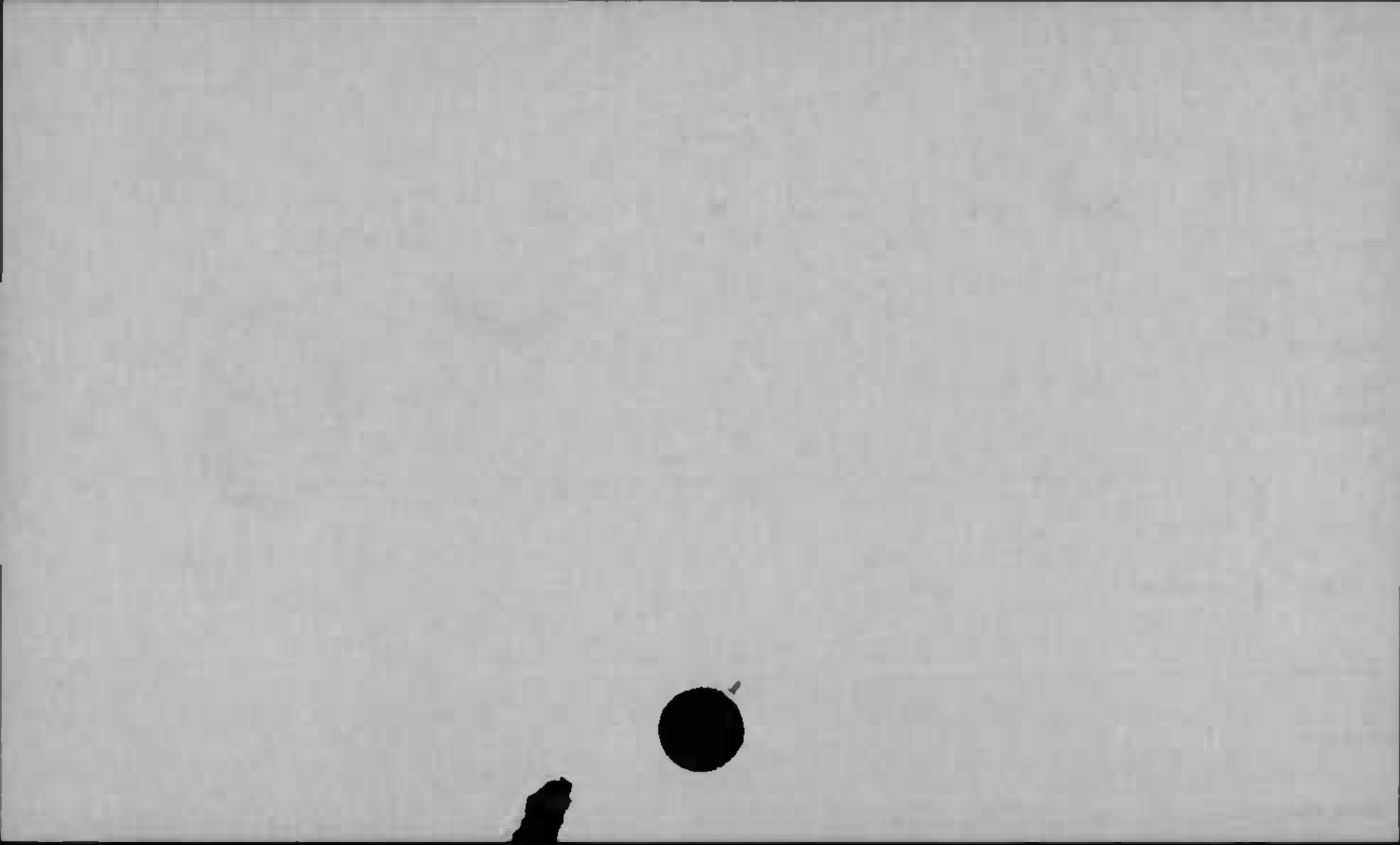
~~Accident, Suicide, Homicide~~

Reported by J. L. Means

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, under ~~sheriff~~ or minister.

LIBRARY BUREAU, 65968



Name in Full: Columbus Braswell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woltinghams County: Pr Geo

Date of death 1904: Month: Feb Day: 3 Age: Years: 7 Months: Days:

Sex: Male Color or Race: White Birthplace: Pr Geo Co

Married, Single or Widowed: Occupation:

Name of Wife or Husband: V. P. Curtain

Father's Name: Jack Curtain Father's Birthplace: Pr Geo Co

Mother's Maiden Name: Mother's Birthplace: Pr Geo Co

Name of person giving information: J. R. Braswell How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Meningitis How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Crown Md

Accident or Suicide?

LIBRARY BUREAU A0881A

Name in Full: George Bowie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Collington — County: Prince George

Date of death 1904 — Month: Feb — Day: 29 — Age: Years 63 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Sarah Bowie

Father's Name: William Bowie — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Green — Mother's Birthplace: 〃

Name of person giving information: William Bowie — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights Disease — How long: Unknown

Immediate: Uremia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker

Address: Mitchellville, Md.

~~Accident or Suicide?~~ Patient attended once.

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Gustavus B. Bransom

Died at Town: Hyattsville County: Prince George. MARYLAND

Date 1904 Month: Feby Day: 24 Age Y. 42 M. 6 D. -

Native of Va. Occupation Government clerk

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Sarah E Bransom

Father's Name Walker Bransom

Mother's Name Susan H Bransons

Cause of Death: Primary Phthisis

Immediate Hemorrhages

How long sick 18 Months

~~Accident, Suicide, Homicide~~

Reported by Clxaurell

Address Hyattsville Md

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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Martha Brown.

Died at Lanham, (Town) Pr. Ges. (County) State of MARYLAND

Date 190~~0~~ Month 2 Day 29 | Age Y. 22 M. 3 D. 3 | Native of Lanham | Occupation Waitress.

~~Male~~ / Female — ~~White~~ / Colored — ~~Married~~ / Single / Widow / Widower / Divorced

Number of children living

Husband of

Wife

Father's Name William Brown Mother's Maiden Name Maria Fletcher.

Cause of Death — ~~Primary~~ Tuberculosis

Immediate Exhaustion

How long sick 10 Months.

Accident, Suicide, Homicide

Reported by J. B. Gregg Costi's, Inc. 20.

Address 912-15th. St. N.W. Washington, D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Fletcher Burton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince George

Date of death: 1904 | Month: February | Day: ninth | Age: Years: 75 | Months: 10 | Days:

Sex: male | Color or Race: white | Birthplace: Montgomery Co, Md.

Occupation: machinist | Where Residing if not at place of death:

Married, Single or Widowed: married | Name of Wife or Husband: Martha Ellen

Father's Name: Basilla. | Father's Birthplace:

Mother's Maiden Name: Susan Igehart | Mother's Birthplace:

Name of person giving Information: E. E. Burton | How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY NJREAJ AJd516

Name in Full: James Henry Butler.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine; County: Prince Georges

Date of death: Month: 2; Day: 21; Year: 1904

Age: Still Born; Years: —; Months: —; Days: —

Sex: Male

Color or Race: Colored.

Birthplace: Brandywine

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Sandy Thomas.

Father's Birthplace: not Known.

Mother's Maiden Name: Amelia Jean Butler.

Mother's Birthplace: Md.

Name of person giving Imformation: Charles H. Butler.

How related to deceased: Grandfather.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cord choked it causing Strangulation.

How long:

Immediate: Born dead.

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: J.P. William H. Squires J.P.

Address: Brandywine. Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: George Butler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Piscataway — County: Prince Georges

Date of death 1904 — Month: 2 — Day: 6 — Age — Years: 26 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Pr. Geo. Co. Md

Married, Single or Widowed: married — Occupation: Laborer

Name of Wife or Husband: Ida Dent

Father's Name: Henry Butler — Father's Birthplace: Pr Geo Co Md

Mother's Maiden Name: Catherine Boyce — Mother's Birthplace: Chas Co Md

Name of person giving In formation: James Butler — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pulmonary Tuberculosis — How long: 2 yrs 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Kelley M.D

Address: Piscataway Md

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Harriet Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn — County: P.G.

Date of death 1904: Month: Nov — Day: 26 — Years: Age 34 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birth-place: Maryland

Occupation: None — Where Residing if not at place of death: Brooklyn

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Solomon Carter

Father's Name: John Lee — Father's Birthplace: P.G.Co. Md.

Mother's Maiden Name: Sophia Diggs — Mother's Birthplace: P.G.Co. Md.

Name of person giving Imformation: John H. Lee — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: Five days

Immediate: Collapse — How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Oswald M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joshua B. Chaney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Halls; County: Pr. George

Date of death: Month: Feb.; Day: 5; 1904

Age: Years: 85; Months: —; Days: —

Sex: Male

Color or Race: Caucasian

Birthplace: A.A Co. Md

Occupation: Farmer

Where Residing if not at place of death: Halls, Md

Married, Single or Widowed: Widower

Name of Wife or Husband: Susanna Chaney

Father's Name: Not Known

Father's Birthplace: unknown

Mother's Maiden Name: " "

Mother's Birthplace:

Name of person giving Imformation: Allen W. Chaney

How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long:

Immediate: Respiratory failure

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madame Cawood M.D.

Address: Halls, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Infant of Spencer & Mary Chase

Died at Town: Hyattsville County: Prince George MARYLAND

Date 1904 Month: Feby Day: 22 Age Y. 0 M. 0 D. 8 Native of: md. Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Spencer Chase

Mother's Name: Mary Chase 179

Cause of Death — Primary: How long sick

Immediate: Natural causes — Accident, Suicide, Homicide

Reported by: Augustus H Dahler acting Coroner

Address: Bladensburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Ce tificate of Death

Mary L. Chew

Died at Town: Riggs Mill County: Ponce Georges MARYLAND

Date 1904. Month: Feb Day: 20 | Age Y. 65 M. — D. — | Native of Maryland Howard Co | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of Christopher C. Chew 2nd

Father's Name Miles | Mother's Maiden Name Rebecca Miles

Cause of Death — Primary: Phthisis Pulmonalis | How long sick: 40 years

Immediate: Pluricy a (Plumbs) | Accident, Suicide, Homicide

Reported by W. O. Evans Field M.D.

Address College Park.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Benj F. Cole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sams — County: Prince Geo

Date of death 1904: Month: May — Day: 4 — Years: Age 40 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Calvert Co

Occupation: Machinist — Where Residing if not at place of death: Sams Md

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Nellie Tanner

Father's Name: Benjamin Cole — Father's Birthplace: Virginia

Mother's Maiden Name: Susan Lucas 79 — Mother's Birthplace: Balto Co

Name of person giving information: Mollie Cole — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral regurgitation & Arteriosclerosis — How long: 10 yrs

Immediate: Dropsy — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Byrd

Address: Sams Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Charles Joseph Crawford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Rhodia — County: Cecil Co

Date of death 190 4 — Month: Feb — Day: 7

Age — Years: 0 — Months: 4 — Days: 4

Sex: male — Color or Race: White — Birthplace: Washington

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: B Wesley Crawford — Father's Birthplace: Maryland

Mother's Maiden Name: Addie Martin — Mother's Birthplace: Maryland

Name of person giving information: A F Martin — How related to deceased: GP

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 2 weeks

Immediate: Associated with remittent fever — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Beverly Dassen

Address: Upper Marlboro

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Dulany

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Piedmont (County) R.G.

Date of death	Month	Day	Age	Years	Months	Days
1904	2	16		1	6	

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: +

Name of Wife or Husband: +

Father's Name: Not known

Father's Birthplace:

Mother's Maiden Name: Mary Dulany

Mother's Birthplace: Md

Name of person giving Information: Columbia Jones

How related to deceased: Nephew

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 10 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox M.D.

Address: T.B. Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Catharine Eleanora Duvall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince

Date of death: Feb 6 1904; Month: Feb; Day: 6th; Years: Age 46; Months: 6; Days: 13

Sex: female; Color or Race: white; Birthplace: Md

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Thos C Duvall

Father's Name: William H Kelley; Father's Birthplace: Md

Mother's Maiden Name: Mary E Devane; Mother's Birthplace: Va

Name of person giving Information: Thos C Duvall; How related to deceased: Husband

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 8 days

Immediate: Cardiac Failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. Ryall MD

Address: Laurel

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full

Rosa Lee Gaither

Certificate of Death

Died at near Town Bladensburg County Prince George MARYLAND

Date 1904 Month Feb. Day 13th | Age Y. 3. M. 7. D. 5. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced Number ~~of children~~ living

Husband of
Wife

Father's Name Charlie Gaither | Mother's Maiden Name Mary Hawkins

Cause of Death: Primary Natural Causes | How long sick seven days

Immediate | Accident, Suicide, Homicide

Reported by Augustus H Dahler acting Coroner

Address Bladensburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name in Full: James A Goldsmith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nattingham — County: Pr Geo

Date of death 1904: Month: Feb — Day: 6 — Years: Age 67 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Chas Co

Married, Single or Widowed: Widower — Occupation: Farming

Name of Wife or Husband: Ida Baden

Father's Name: Wm Goldsmith — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont know — Mother's Birthplace: " "

Name of person giving information: Louis Legan — How related to deceased: Not any

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Apoplexy — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A6810

Name in Full, John H. Grant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Laurel County: Pr. Geo Co.

Date of death 190 4 Month: Feb. Day: 19 Age Years: 43 Months: Days:

Sex: Male Color or Race: White Birth-place: Virginia

Married, Single or Widowed: Single Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Newton Grant Father's Birthplace: Virginia

Mother's Maiden Name: Mary Ann Ash Mother's Birthplace: "

Name of person giving In formation: Geo H. Ash How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Undetermined 178 How long: Suddenly

Immediate: " " How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. F. Taylor

Address: Laurel Md.

Accident or Suicide?

LIBRARY BUREAU A8861G

Name in Full

Certificate of Death

Elizabeth V. Harley

Died at Town Clinton County P.G. MARYLAND

~~Died~~ 1904 Month Feb Day 24th Age Y. 5 M. D. Native of Md Occupation house

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name John Harley

Mother's Name Mackie W 167

Cause of Death: Primary Burned to death

Immediate Unattendance

How long sick 6 hours

Accident ~~Suicide Homicide~~

Reported by John Harley - father.

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary E. Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosaryville; County: P.G.

Date of death 1904: Month: 2; Day: 13

Age: Years: 72; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: P.G. Co Md

Married, Single or Widowed: Widow; Occupation: None

Name of Wife or Husband: Benjamin Hamilton

Father's Name: James Walton; Father's Birthplace: Md

Mother's Maiden Name: Naylor; Mother's Birthplace: Md

Name of person giving information: Lee Hamilton; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Breakdown; How long: 2 yrs

Immediate: —; How long: —

Are the name, age, sex, color, date, and place correctly given above?

Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: James Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Laurel County: Prince Geo

Date of death: Month: 1904 July Day: 15

Age: Years: 57 Months: Days:

Sex: Male Color or Race: Blk Birthplace: Md

Occupation: Laborer Where Residing if not at place of death: near Laurel

Married, Single or Widowed: yes Name of Wife or Husband: Louisa Harrison

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dorsey Knox Father's Birthplace:

Mother's Maiden Name: Dorsey Knox Mother's Birthplace:

Name of person giving information: James Hebron How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 10 days

Immediate: 93 How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Ryerly

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Louisa Harrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Laurel; County: Prince Geo. Co

Date of death 1904: Month: Feb; Day: 22; Years: Age 61; Months; Days

Sex: Female; ~~Color or~~ Race: Black; Birthplace: Md

~~Married, Single~~ or ~~Widowed~~: —; Occupation: Housework

Name of ~~Wife or~~ Husband: Nelson Harrison

Father's Name: Oscar Jackson; Father's Birthplace: Md

Mother's Maiden Name: Not ascertained; Mother's Birthplace: not ascertained

Name of person giving information: Solomon Hebron; How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Labar Pneumonia 93; How long: one week

Immediate: Cardiac failure.; How long: — —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. F. Taylor

Address: Laurel

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Isaac Henry.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mitchellville — County: Pri. Ges.

Date of death 1904: Month: Feb. — Day: 26 — Years: Age 62 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Pri. Ges. Co. Md.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary J. Henry.

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Information: Jas. R. Henry. — How related to deceased: Son.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bright's Disease — How long: five weeks

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Mitchellville, Md. (Per Mrs. A. R. W.)

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Guy O. Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Silver Hill (County) Pr. Geo.

Date of death 1907 (Month) 2 (Day) 14

Age (Years) 2 (Months) 5 (Days) 1

Sex male

Color or Race White

Birthplace Pr. Geo. Co. Md.

Occupation —

Where Residing if not at place of death at home

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Edward L. Hill

Father's Birthplace Md.

Mother's Maiden Name Frances A. Clubb

Mother's Birthplace Md.

Name of person giving Imformation Richard Clubb

How related to deceased Uncle

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Catarrhal Pneumonia — How long 3 weeks

Immediate Meningitis + Exhaustion — How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. P. Simpson M.D.

Address Rosecroft Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bridget Hodge.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brandywine. County: Prince George's

Date of death: 1904 Month: 2 Day: 25 Age: Years: 105 Months: — Days: —

Sex: female Color or Race: colored Birthplace: Pr. Geo. Co. Md.

Occupation: housewife Where Residing if not at place of death: Brandywine. Md.

Married, Single or Widowed: Widow Name of Wife or Husband: Thos Hodge.

Father's Name: John Brooks. Father's Birthplace: Pr. Geo Co. Md.

Mother's Maiden Name: not known Mother's Birthplace: — — —

Name of person giving Imformation: Rodie Dent. How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility. How long: 3 days.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Accident or Suicide?

Signature of ~~Physician~~ J.P. William H. Squires, J.P.

Address: Brandywine Md.

LIBRARY BUREAU A88516

Name in Full: Jonathan Plowman Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie (Mankin P.O.) County: Prince Georges

Date of death	Month	Day	Age: Years	Months	Days
1904	July	17	30	11	

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Farmer | Where Residing if not at place of death: at Home

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband:

Father's Name: George H Hopkins | Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Plowman | Mother's Birthplace: Md

Name of person giving Imformation: Mrs Mary Hopkins | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rapid Consumption | How long: about 6 months

Immediate: Phthisis Pulmonalis | How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G A Fox

Address: Bowie Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full Helen Marie Howard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Woodmore — County: Prince George

Date of death 1904	Month	Day	Years	Months	Days
	Feb.	27	Age 1	1	—

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

(8)

Father's Name: Frank Howard — Father's Birthplace: Maryland

Mother's Maiden Name: Louisa Hopkins — Mother's Birthplace: "

Name of person giving In formation: Frank Howard — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 2 weeks.

Immediate: Convulsions — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. R. Walker M. D.

Address: Mitchellville, Md.

Accident or Sulcide? —

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Thomas Jackson

Died at Town C. Springs County P. G. MARYLAND

Date 1904 Month Feb Day 25 Y. 30 M. D. Native of Md Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife

Father's Name Aubrose Jackson Mother's Name Teresa Jackson

Cause of Death: Primary Consumption — How long sick 8 mo

Immediate Wasting Disease as far as Attending Surgeon K

Reported by J. L. Waring.

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Robert C. Langley

Died at Town Upperville County Prince George, MARYLAND

Date 1904 Month Feb. Day 19 | Age Y. 61 M. 4 D. 25 | Native of Md. U.S. Occupation Gov. Employe

Male ✓ White ✓ Married ✓ Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Wife Katie C. Langley

Father's Name Samuel Langley Mother's Maiden Name Sarah Smith

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 7 months.

Immediate — Accident, Suicide, Homicide

Reported by Rawlings M D

Address Upperville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989

Name in Full: James Newman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aquasco — County: Prince Georges

Date of death 1904 — Month: 2 — Day: 23 — Age: Years 13 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Pr Geo Co Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Marcellus Newman — Father's Birthplace: Chas Co. Md

Mother's Maiden Name: Cecelia Butler — Mother's Birthplace: Pr. Geo Co Md

Name of person giving information: William Newman — How related to deceased: Brother

CAUSES OF DEATH

Primary — How long

Immediate: Pneumonia — 93 — How long: 15 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Kelley M.D

Address: Piscataway Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Nancy Ann Newman.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brandywine — County: Prince Georges

Date of death: Month: 2 — Day: 14 — 1904

Age: Years: born dead — Months: — Days: —

Sex: female

Color or Race: Colored.

Birthplace: Brandywine, Md

Occupation:

Where Residing if not at place of death: Same

Married, Single or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sylvester Newman.

Father's Birthplace: Chas Co Md

Mother's Maiden Name: Johanna Proctor.

Mother's Birthplace: " "

Name of person giving Imformation: Sylvester Newman.

How related to deceased: father.

CAUSES OF DEATH

Primary: Born dead.

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J.P. William H Squires, J.P.

Address: Brandywine, Md.,

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlboro — County: Pr. Geo.

Date of death 1904: Month: 2 — Day: 11 — Age: Years: — Months: — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Marlboro

Married, Single or Widowed: ~ — Occupation: ~

Name of Wife or Husband: ~

Father's Name: Willie Parker — Father's Birthplace: Pr Geo Co

Mother's Maiden Name: Agnes Ford (unmarried) — Mother's Birthplace: Pr. Geo Co

Name of person giving Information: J N Ford — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long: 5 Dys

Immediate: Unknown — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George C Payne

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sykesville (County) Prince Geo

Date of death 1904 | Month 2 | Day 17 | Years Age | Months 7 | Days

Sex Male | Color or Race colored | Birthplace Md

Occupation — | Where Residing if not at place of death —

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name George R Payne | Father's Birthplace Md

Mother's Maiden Name Jane Gantt | Mother's Birthplace Md

Name of person giving Imformation George Payne | How related to deceased Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate Pneumonia | How long 5 days

Are the name, age, sex, color. date and place correctly given above? Yes | Signature of Physician John E Dorsey

Address Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ida Preston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annie — County: Prince Geo's

Date of death 1904 — Month: 2 — Day: 2 — Age — Years — Months — Days

Sex: Female — Color or Race: Mulatto — Birthplace

Married, Single or Widowed: Married — Occupation: Housewife

Name of ~~Wife~~ or Husband: Harry Proctor

Father's Name: John Frances Briles — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Placenta Previa — How long: ~~36 hours~~

Immediete: Hemorrhage — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Morford Brown

Address: Aquasco Md.

Accident or Suicide? No.

Hemorrhage after delivery

LIBRARY BUREAU ABB 216

Name in Full: Michael Prout

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annemessie Institution; County: Prince Georges

Date of death 1904: Month: July; Day: 7th; Age: Years: 57; Months: 9; Days: 19

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: Christian Brother; Where Residing if not at place of death: Place of death

~~Married~~, Single or Widowed; Name of Wife or Husband:

Father's Name: John Prout; Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Mullens; Mother's Birthplace: Ireland

Name of person giving Information: Sup Institution; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (No family record); How long: about one year

Immediate: " ; How long: about 2 months Confined to the house

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Fox

Address: Buttonsville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Josephine A Purdy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince Geo

Date of death: Month: 2; Day: 20; Year: 1904; Age: Years: 39; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Wm A Purdy

Father's Name: Horace Wells; Father's Birthplace: Md

Mother's Maiden Name: Caroline Smith; Mother's Birthplace: Md

Name of person giving Imformation: Ida Wells; How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 6 months

Immediate: Pneumonia; How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Sansbury

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A6815

Name in Full: Elinor A Ridgeway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Silver Hill — Town — Prince Geo's — County

Date of death 1904 — Month: 2 — Day: 6 — Age: Years 69 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: widow — Name of ~~Wife~~ or Husband: Frank Ridgway

Father's Name: Clement A Brooke — Father's Birthplace: Md

Mother's Maiden Name: Ann Carroll — Mother's Birthplace: Md

Name of person giving Imformation: Alice Ridgeway — How related to deceased: Daughter in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dilitation — How long: 6 months

Immediate: Pleuritic Effusion — How long: 12 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Dandridge

Address: Forestville Md

Accident or Suicide? —

LIBRARY BUREAU A88818

Mr Cox.
Subregistra
Suitland
Md

Name in Full: Ethel Virginia Ryon

CERTIFICATE OF DEATH

MARYLAND

Died at: Bowie — Town; Prince Geo Co. — County

Date of death: Feb — Month; 13 — Day; 1904

Age: Years 3; Months 2; Days 6

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph T Ryon

Father's Birthplace: Mullikin Md

Mother's Maiden Name: Ella E Thirles

Mother's Birthplace: Bowie

Name of person giving Imformation: Joseph T Ryon

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet fever

How long: 19 days

Immediate: Collapse

How long: Few hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno M Duvall M.D.

Address: Springfield Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Henry Simms

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Pr George's

Date of death 190 — Month: Feb. — Day: 12 — Age: Years 72 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Wood-cutter

Name of Wife or Husband: Sarah Simms

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Nellie Simms — Mother's Birthplace: Unknown

Name of person giving In formation: Moses Simms 92 — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: Eight Days

Immediate: General Failure Vital Forces — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Crommille MD

Address: Laurel md

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Blanch Tusley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edmonston; County: Prince Geo

Date of death: 1904; Month: 2; Day: 23; Years: Age 19; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housework; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married; Name of ~~Wife~~ or Husband: Eddie Tusley

Father's Name: James Robinson; Father's Birthplace: Md

Mother's Maiden Name: Blanch Robinson; Mother's Birthplace: Md

Name of person giving Imformation: Scott Armstrong; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~~ 119; How long:

Immediate: Uraemic Convulsions; How long: 16 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Lansburg

Address: Forestville, Md.

Accident or Suicide? ~~~

LIBRARY BUREAU A83610

Name in Full: J.H.B Swain

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Druley; County: Pr Ges

Date of death 1904: Month: Feby; Day: 5

Age: Years: 74; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Pr Ges Co

Married, Single or Widowed: Married

Occupation: Farming

Name of Wife or Husband: Martha A. Swain

Father's Name: Column B Swain

Father's Birthplace:

Mother's Maiden Name: Elizabeth Barden 99

Mother's Birthplace:

Name of person giving In formation: E.P. Swain

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism & Heart disease

How long: Several years

Immediate: Heart failure & Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.H.G. Gibbons M.D

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Ezra B. Thomas

Town

Died at Clinton

County

P. G.

MARYLAND

Date ~~189~~ 1904 Month Feb Day 15 | Age Y. 65 M. — D. — | Native of Md | Occupation Homeworks

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of George Thomas

Father's Name Julian Kerrick

Mother's Name Matilda Kerrick

Cause of Death: Primary — Found dead — How long sick — Found dead

Immediate — Supposed heart failure — ~~Accident Suicide Homicide~~

Reported by J. L. Crump

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Richard Thornton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlboro County: P.G.Co

Date of death: Month: July Day: 22 1904

Age: Years: 75 Months: — Days: —

Sex: Male Color or Race: Black Birthplace: P.G.Co Md

Occupation: None Where Residing if not at place of death: Marlboro

Married, Single or Widowed: Married Name or Wife or Husband: Priscilla Thornton

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: William Wilson How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy 64 How long: 2 Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. H. Griffith

Address: Upper Marlboro

Accident or Suicide?

LIBRARY BUREAU A33318

Name in Full

Certificate of Death

Waring E. Thomas

Died at Town Woodyard County D. C. MARYLAND

~~Date~~ Month Day 1904 - Feb 26 Y. M. D. Age 23 Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name W. H. Thomas

Mother's Name Amanda Thomas

Cause of Death: Primary Consumption — How long sick

Immediate - Congestion lungs. Hyfaima ~~Accident, Suicide, Homicide~~

Reported by J. L. Waring

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Folson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince Geo

Date of death 1904	Month	Day	Years	Months	Days
	2	19	Age 0-2	—	—

Sex: Male | Color or Race: White | Birthplace: ~~Md~~ D.C.

Married, Single or Widowed: Married | Occupation: Farming

Name of Wife or Husband: Laura Folson

Father's Name: Overton Folson | Father's Birthplace: D.C.

Mother's Maiden Name: Lettie Naylor | Mother's Birthplace: D.C.

Name of person giving In formation: J E Folson | How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes | How long: —

Immediate: Heart Trouble | How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

J E Folson gives

Accident or Suicide? Add foot

Signature of Physician: Thos E Edwards M.D.

Address: Forestville Md.

LIBRARY BUREAU A88818

Name in Full: Edith Whitlington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Leeland (Town) — Prince George (County)

Date of death: 1904 — February (Month) — 19 (Day)

Age: 12 (Years) — (Months) — (Days)

Sex: Female

Color or Race: Caucasian

Birth-place: Prince George

Occupation: House-girl

Where Residing if not at place of death: Leland

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Edward Whitlington

Father's Birthplace: A.A.Co.

Mother's Maiden Name: Sarah Ford

Mother's Birthplace: a.a.co

Name of person giving Imformation: Edward Whitlington

How related to deceased: Father

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Burns

How long: 32 hours

Immediate: Failure Skin Action

How long: —

Are the name, age, sex, color. date and place correctly given above?

Yes

Signature of Physician

Address: Maelane Camrod Md

Halls, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leeland; County: Prince George

Date of death: Month: February; Day: 18; Year: 1904; Age: Years: 16; Months: —; Days: —

Sex: Female; Color or Race: Caucasian; Birthplace: A.A.Co.

Occupation: House girl; Where Residing if not at place of death: Leeland, Md

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Edward Whittington; Father's Birthplace: A.A.Co

Mother's Maiden Name: Sarah Ford; Mother's Birthplace: A.A.Co.

Name of person giving Imformation: Edward Whittington; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns; How long: 7 hours

Immediate: Shock action failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madame Cawood M.D.

Address: Hallo, Maryland, Prince George Co

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Merton Efurd Wallace Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at Leeland (Town) Prince George (County)

Date of death 1904 Feb (Month) 26 (Day) Age 2 (Years) (Months) (Days)

Sex Male Color or Race Caucasian Birthplace Leeland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Edward Whittington Father's Birthplace A A Co.

Mother's Maiden Name Sarah Ford Mother's Birthplace A A Co.

Name of person giving Imformation Edward Whittington How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Burns & Abscess of Ear 167 How long About one wk

Immediate Meningitis How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Madame Cawood M.D.

Address Hall Prince Geo. Co., Md.

Accident or Suicide?

LIBRARY BUREAU A69518

Name in Full: Dorothy Wright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mitchellville — County: Prince Georges

Date of death 1904 — Month: Febr — Day: 26 — Age: Years — Months: 9 — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Wright — Father's Birthplace: Virginia

Mother's Maiden Name: Martha Powers — Mother's Birthplace: Maryland

Name of person giving information: Samuel Wright — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: One month

Immediate: Diarrhoea — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker, M.D.

Address: Mitchellville Md

Accident or Suicide? Patient [illegible] much.

LIBRARY BUREAU A88816